

FILED MAY 25 1944

Registration District No.

318

Primary Registration District No.

1003

State File No.

Registrar's No.

4513

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

William H. Horn

3. (b) If veteran,

None

3. (c) Social Security

No. Unknown

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ottillie Horn

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month)

21 (Day)

1877 (Year)

8. AGE:

Years

Mo 9

Days

If less than one day

66

20

hr.

min.

9. Birthplace

Crakow

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Funeral Director and

11. Industry or business

Furniture Merchant - Self

MOTHER FATHER

12. Name Henry Horn

13. Birthplace Unknown

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Lena Rosenkoeter

15. Birthplace Unknown

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant

Ottillie Horn

(b) Address

Union, Missouri

17. (a)

Burial

(b) Date thereof 5-14-44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Union, Missouri

18. (a) Signature of funeral director

Albert H. Hoppe

(b) Address

4700 Washington Blvd.

19. (a)

MAY 16 1944

(Date received local registration)

J. F. Budick

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month May

day 11

year 1944

hour 2:15

minute P.

M.

21. I hereby certify that I attended the deceased from

April 25, 1944 to May 11, 1944.

that I last saw him alive on May 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis and
Infection, Right Side.

Duration

5 days

Due to

Auricular Ball Thrombus
of Heart.

3 to 4
weeks

Due to

Chronic Myocarditis and
Auricular Fibrillation

2 to 3
years

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations Incarnated Regional
Hernia (Right) - Anti Peristaltic
Appendicitis.
Autopsy Same as above

PHYSICIAN

Underline cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature

Wm. T. Morton

(M. D. or other)

M.D.

Address

634 No. Grand Blvd

Date signed

5/12/44

JUN 27 1913

4513

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.